



# IMPORTANT UPDATE

## Pharmacy Providers

### **NEW COPAY STRUCTURE FOR MEDICAID EFFECTIVE JUNE 1, 2003**

The Medicaid program will increase pharmacy co-payment requirements effective June 1, 2003 for members with a co-payment. The co-payment for generic and preferred drugs will increase from 50 cents to 75 cents per prescription. The co-payment for non-preferred drugs will range from 75 cents to \$3.00.

Category	Copay
Generic	\$0.75
Preferred Brand	\$0.75
Non-Preferred Brand	Under \$10.00 = \$0.75 \$10.01-\$25.00 = \$1.00 \$25.01-\$50.00 = \$2.00 \$50.01 or more = \$3.00

[www.dch.state.ga.us](http://www.dch.state.ga.us)

For the most up-to-date Preferred Drug List, visit the Georgia Health Partnership web portal at <http://www.ghp.georgia.gov>. Click on the Directories tab.

**Express Scripts Provider Help Line**  
**1-877-650-9340**

Contact the Express Scripts Provider Help Line if you have any questions about the preferred status of a drug or the prescription drug benefits available under the State Health Benefit Plan.